****

# EAN Clinical Fellowship

# Acceptance by host department

Head of department:

Mentor during fellowship (name and e-mail):

\*Buddy during fellowship (name and e-mail):

Institution:

Address:

Tel:

Name of applicant:

Expected date of beginning:

Expected duration (in weeks):

*\*A resident from your department who can act as a buddy to help with typical everyday life questions and matters related to the department/hospital. The buddy would receive a free EAN RRFS membership for the upcoming year (the year after the applicants stay at the department) as a reward for supporting the fellow.*

**🞏 I agree to host the applicant in my department for \_\_\_\_ weeks for the educational
visit** (the stay has to be between 6 and 12 weeks).
In case of getting accepted for an EAN grant, the visitor will receive 425,- Euro/per week
(plus coverage of his travel up to 300,- Euro, after receipt of report and evaluation forms)

**🞏 After the participant has finished his fellowship stay, I will complete the provided electronic evaluation form.**

……………………………………………………….. ………………………………………………………..

Date Signature of host